

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

Clerk, US District Court
PO Box 25670
Raleigh, NC 27611

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 																					
RALEIGH NC 275 COMPLETE THIS SECTION ON DELIVERY																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">A. Signature</td> <td style="width: 50%; padding: 5px; text-align: center;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td style="padding: 5px;">B. Received by (Printed Name)</td> <td style="padding: 5px; text-align: center;"> C. Date of Delivery 11/8 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 10px;"> RECEIVED NOV 12 2021 </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> PETER A. MOORE, JR., CLERK </td> </tr> <tr> <td colspan="2"> 3. Service Type: STRICT COURT, EDMOTY Mail Express® </td> </tr> <tr> <td colspan="2"> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> Article Number (Transfer from service label) 2017 1450 0001 6527 2011 </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> S Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt </td> </tr> </table>		A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery 11/8	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		RECEIVED NOV 12 2021		PETER A. MOORE, JR., CLERK		3. Service Type: STRICT COURT , EDMOTY Mail Express®		<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>		<input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	Article Number (Transfer from service label) 2017 1450 0001 6527 2011		S Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt	
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